

State Health Planning and Development Agency



Council Members Orientation Manual 2002

**"...to promote accessibility for all the people of the State to
quality health care services at reasonable cost."
Hawaii Revised Statutes, Section 323D-1**

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HISTORY: STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

SHPDA is the planning and development agency for Hawaii's second largest industry -- health care. The Agency's purpose is to promote accessibility for all the people of the State of Hawaii to quality health care services at a reasonable cost. The Agency has a history of over 30 years in health care planning in Hawaii.

Office of Comprehensive Health Planning

In the 1960's, SHPDA was known as the *Office of Comprehensive Health Planning* and was located within the Hawaii State Department of Health. The Office coordinated statewide and local level health planning activities.

Comprehensive Health Planning Agency

In 1974, the Office evolved into the *Comprehensive Health Planning Agency*. With its new designation as an "agency," it was organizationally relocated and placed as an administratively attached agency to the Department of Health. This means that the department provides support services to the Agency such as processing personnel paperwork. However, the department has no supervisory nor does it have any decision making authority over the Agency.

The *Comprehensive Health Planning Agency* expanded its functions to include a "quasi" certificate of need (the certificate) review process per Section 1122 of the Social Security Act of 1973. This Act focused on states reviewing their capital expenditures as they related to federal reimbursement levels.

1974 was a benchmark year in Hawaii's health care achievements. It was the year that the Legislature passed Hawaii's Prepaid Health Care Act and also the year in which Governor Ariyoshi signed Act 209, Hawaii's first full certificate of need mandate. These two initiatives balanced Hawaii's health care development process. On the "demand" side of the health care arena, the Prepaid Health Care Act mandated employer-based health coverage for Hawaii's people. On the "supply" side was the certificate of need process which insured that the "supply" of health care development would meet the community's health needs.

In both initiatives, communities statewide and their elected officials recognized that health care was more than a commercial commodity to Hawaii's residents. Residents acknowledged that health care was as basic as a "public utility" and both initiatives worked in balance to insure that Hawaii's healthcare "public utility" is focused on accessibility, quality and reasonable cost.

State Health Planning and Development Agency

In 1974, Congress enacted the National Health Planning and Development Act. To conform to the nomenclature and regulations of this national mandate, the name of the Agency was adjusted to be the State Health Planning and Development Agency.

Other modifications occurred over the years, some of which were in response to changing Federal requirements. In 1997, Act 336 re-defined the Agency's principal function as promoting accessibility for all the people of the State to quality health care services at reasonable cost, and streamlined the certificate of need process to be more in step with the changing health care environment.

SHPDA'S PLANNING PROGRAM

At the onset, in 1974, the Legislature established SHPDA with its Statewide Health Coordinating Council (SHCC) and the Subarea Health Planning Councils (SAC). The support of citizen input to the health planning and regulatory processes was made clear in the preamble to Act 152, SLH 1976:

"SECTION 1. The legislature finds that health planning for the State is a complex area, and requires the input of persons of various interests and representing various geographical areas. The process of planning must seek to best meet the health needs of the State, as perceived by the residents of the State, who clearly, depending upon the community of residence, perceive different needs. The development of health programs, services, and facilities has largely followed the growth of the State in some areas, while other areas may not have adequate services available.

The purpose of this ACT is to ensure the pragmatic health planning of the State by providing a permanent vehicle for citizen input into the health planning process, so that the total health services plans of the State will be on informed decision-making."

Overview of SHPDA functions:

- Administer the State health planning and cost containment activities as required by law
- Provide direction, guidance and develop the Hawaii Health Performance Plan
- Conduct the health planning activities of the State in coordination with the Subarea Councils
- Determine the statewide health needs of the State after consulting with the statewide Council and
- Administer the state certificate of need program.

Our Foundation: Hawaii Health Performance Plan:

This plan is the foundation of SHPDA. Known in statute as the Health Services and Facilities Plan (HSFP), by statute it is required to:

- Address the health care needs of the State, including:
 - Inpatient Care;
 - Health Care Facilities; and
 - Special Needs.
- Depict the most economical and efficient system of care commensurate with adequate quality of care.
- Include standards for utilization of health care facilities and major medical equipment.
- Provide for the reduction or elimination of underutilized, redundant, or inappropriate health care facilities and health care services.

The H2P2 is the policy foundation and a development resource for those in the public and private sectors, and provides the basis for the certificate of need. Interested individuals, health care planners, and the certificate applicants access H2P2 for health care development information resulting from grass-roots, community-planning efforts. SHPDA's councils are each involved in the preparation and adoption of H2P2

H2P2 - Moving to the year 2002 and beyond

In 1996, SHPDA began the process for a full-scale revision of the HSFP. The plan was re-formatted and re-directed to become a strategic document that is relevant to a growing managed care health care environment, and emphasized improvement of health status and the importance of access, quality, and cost-effectiveness and equity as criteria for decision-making.

Developed in partnership with Hawaii's health care industry and communities statewide, this is the state's statutorily mandated health services and facilities plan. It represents the foundation of all SHPDA activities. Its focus is on health care performance outcomes ... the "why" of health care facilities and services development activities.

The goal of the new plan is to promote the development of community-oriented health care to optimize the community member's health. Primary emphasis is on community-focused health care systems comprised of primary care and preventive services. Secondary and tertiary care will be regionalized, with an emphasis on cost-effective support for the primary care system.

The plan contains principles and performance monitors to promote more effective use of existing health care resources and to assure that new services and equipment truly add value to the existing network of care. Particular attention is given to regional and statewide priorities for achieving optimal health outcomes. The plan also promotes continuous quality improvement and equitable cost-effectiveness. It provides a foundation from which communities can begin to create partnerships to address geographic barriers, population size, or special cultural concerns.

The *Hawaii Health Performance Plan (or H2P2)* is composed of the following chapters:

1. Introduction
2. Vision and Guiding Principles
3. Statewide and Regional Priorities
4. Infectious Diseases
5. Cancer
6. Chronic Disease
7. Heart Disease and Stroke
8. Preventable Injury and Violence
9. Dental/Oral Health
10. Maternal, Infant, Child Care
11. Behavioral Health

At the time of its first publication in 1999, H2P2 was hailed by the U.S. Vice President's office as the first state health planning document focused on outcomes as a result of public-private partnership. H2P2 was featured at one of five meetings the U.S. Surgeon General held nationally to work on Healthy People 2010. Most notably, H2P2 is the result of the best of Hawaii's private health care sector working together with communities statewide to work towards a healthier future for all of our citizens.

SHPDA'S VOLUNTEER BOARDS

The State Health Planning and Development Agency has, as its core, local level and statewide councils. Throughout the Agency's 30 years, it has maintained a focus on grassroots, community health care planning and development activities. The local level councils are called Subarea Health Planning Councils (SACs) and the statewide council is the Statewide Health Coordinating Council (SHCC).

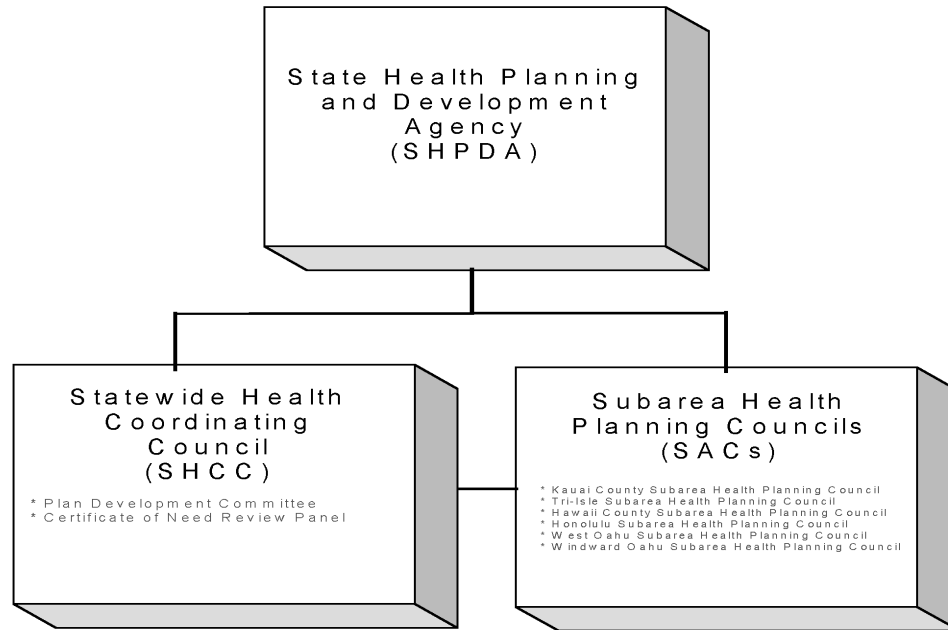
The Governor appoints members to the SHCC and SACs. Each appointment is for a four-year term unless a person is appointed to serve out the term of someone who has left before the term is expired. Persons may serve a maximum of two consecutive terms (or eight years).

Gubernatorial appointments are made during each Legislative Session. Persons interested in volunteering their time are welcome to fill out an application form for appointment to the councils available from SHPDA or the Governor's Office. Council members represent a balance of consumers, health care providers, businesses, labor and other professions.

The appointment process begins when a Governor's Message is sent to the Senate. The Senate then schedules a confirmation hearing before their recommendation is sent to the Senate Floor for approval. Once confirmed by the full Senate, appointees are sworn-in by the Governor at a formal ceremony. Terms begin July 1st and end June 30th.

Members of all councils are expected to maintain a solid attendance record. Such records are included in review for reappointment to the councils.

Organization Chart



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Statewide Health Coordinating Council (SHCC)

The SHCC's membership represents a statewide, cross section of the community. In addition, it has a non-voting, ex-officio member representing the Veterans' Administration.

The SHCC meets monthly or on an as-needed basis. Meetings are currently scheduled for the fourth Thursday of the month.

Overview of SHCC Roles and Responsibilities:

- Prepare and revise as necessary the Hawaii Health Performance Plan (H2P2). This plan serves as the foundation for all SHPDA activities;
- Advise the Agency on health planning and development activities;
- Review and comment on certificate of need applications.

Standing Committees of the SHCC:

- The Plan Development Committee is a prime example of private-public partnership. This “workhorse” of a Committee develops, researches and writes the Hawaii Health Performance Plan (H2P2).
- The Certificate of Need Review Panel conducts an in-depth technical review of standard certificate applications and submits its recommendations to the SHCC.

Subarea Health Planning Councils (SACs)

There are six Subarea Health Planning Councils (SACs). The SACs represent “grassroots” health planning at its best. These Councils develop and implement H2P2 in their communities. They are the:

- Hawaii County SAC
- Tri-Isle SAC
- West Oahu SAC
- Honolulu SAC
- Windward Oahu SAC
- Kauai County SAC

The SACs meet every month during the first half of the month. SACs also have various standing committees to assist in their local level health planning and development projects. The number and kinds of committees vary by geographic region.

Overview of SAC Roles and Responsibilities:

Each SAC reviews, seeks public input, and makes recommendations relating to health planning for the geographical subarea it serves. Such as:

- Recommendations and actions related to the Hawaii Health Performance Plan (H2P2) for their region;
- Advise the State Agency of their recommendation for certificate of need application in their region;
- Perform other such functions as agreed upon by the State Agency and the respective subarea councils.

Achieving Outcomes: Implementing H2P2

Since its adoption in 1998, SACs across the state have implemented H2P2 with their private sector partners to address their region's health priorities. For example:

- To help small business, the Hawaii County SAC partnered with the Chamber of Commerce to establish an *Employee Assistance Program* to a number of small business operations in Hawaii at a cost of just \$2 per member per month. Over 100 employees now are signed up for the program.

With behavioral health as their identified most urgent need for the Big Island, this SAC successfully applied for and was awarded a grant from the HMSA Foundation. The SAC pulled together partners from the County and the UH to address the transportation needs of Hawaii County residents who require behavioral health services.

- The Honolulu Subarea Health Planning Council identified geriatric care services as an overall concern for their region and took action by developing and distributing 76,000 pamphlets on "Medication and the Smart Senior" which included information on how to access the medicine bank, local resources for help with costs and with information on drugs and websites of credentialed pharmacies.

They also identified dental care as a priority and distributed 500 National Institutes of Health

brochures “A Healthy Mouth for Your Baby”, to pediatricians, maternity hospitals, primary care centers, the State Women, Infants and Children’s program and the Hawaii Dental Association.

- The Windward Oahu SAC learned from its research that their residents have the second highest rate of asthma in the State. They then established the Windward Oahu Asthma Coalition. Their coalition’s focus is to increase awareness of asthma and improve the health outcomes of children with asthma. The coalition with its partners implemented the American Lung Association’s Open Airways for Schools program using trained volunteer instructors. They also participated in rural community health fairs, provided asthma screenings in conjunction with the American Academy of Allergy, Asthma and Immunology, and submitted funding proposals to various foundations to enable them to continue to implement the educational program in Windward Oahu elementary schools.
- The Kauai SAC has participated in projects for: dental screenings and educational efforts in schools; networking with dentists, pediatricians, insurers, governmental health agencies and consumers via conferences and meetings; and developing public awareness and acceptance of water fluoridation through television and radio addresses.

They also participated in the Kauai Drug Abuse Coalition that provided alternative social activities for teens at schools and at housing projects. They supported the island’s first Federally Qualified Health Center and sponsored consultation from the Chief Executive Officer of the successful Bay Clinics on the Big Island of Hawaii. They also advocated for the location of initial services to be in West Kauai.

- The Tri-Isle SAC established the Maui County Dental Health Alliance. The Alliance has advocated for fluoridation; partnered with various organizations to conduct the Maui Dental Fair for Children of All Ages; partnered to conduct the “Physician’s Role in Preventing Early Childhood Tooth Decay” CME for medical providers at Maui Memorial Medical Center; and continues to partner to conduct an early childhood caries project.
- The West Oahu SAC identified behavioral health as a priority area and is organizing itself to address the issues of alcohol usage among middle school children in the geographical area. It is in a needs assessment and information gathering phase, compiling and reviewing secondary data to better understand the issues of substance abuse.

ACADEMICS: HEALTH PLANNING BACKGROUND

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity.

The World Health Organization

The Health Care System

Conceptually, the health care system may be described as health services drawing upon resources in response to certain health problems for the purpose of producing an outcome in the form of improved health status, as shown in Figure 1 below.

However, as Figure 1 also shows, each of these components is actually more complex.

Health problems are identified in relation to the population at risk in a given area. They have epidemiologic, demographic, and geographic dimensions. These dimensions translate into needs, which in turn translate into demands for services.

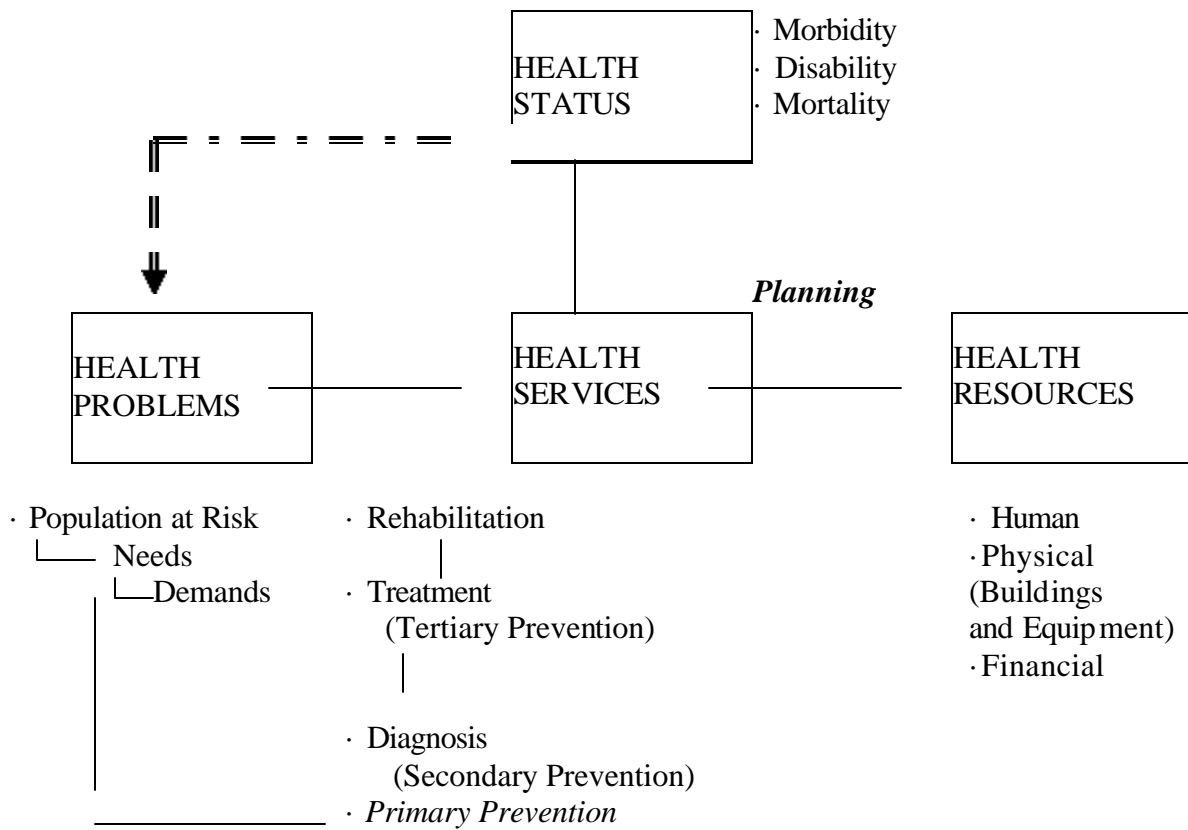
Resources include human, physical, and financial components, each with their own current and future supply issues and categories.

Health services include diagnostic (secondary prevention), treatment (tertiary prevention), and rehabilitation services, as well as primary prevention. Within these services are activities directed in varying degrees toward particular health needs.

Health status comprises mortality (death), disability, and morbidity (the presence of disease). Health status links back to the population, rendering this a dynamic system. Health status should be analyzed using the same population groups as were identified under the component of health problems. Health services indicators generally do not measure health status.

The health field is unique in the extent to which supply and demand interact. Thus, an appraisal of the health care system must include factors that influence the demand for services, such as promotion (health education and professional influence), medical research and innovation affecting the state of the art, and financing, particularly as it relates to determining the nature and volume of services actually provided and to the size of the total economy.

Figure 1
Health Care System Overview



Source: Adapted from W.A. Reinke, "An Overview of the Planning Process," in Health Planning for effective Management, New York, Oxford University Press, 1988, p. 57

The total spectrum of health care services can be described as a continuum of care, ranging from "pre-medical care" through "tertiary care."

Pre-Medical Care:

These services are designed to support people to take charge of their own well-being and health maintenance. Such as: public health education, environmental quality management, occupational safety and health, and food protection.

Medical Care Services:

Primary care services are the patient's entry point into the medical care system. Primary care should be established as close as possible to the consumer's home. These neighborhood or local services include things such as doctors and dentists offices, health education classes, emergency medical services

Secondary Care can be viewed as the middle ground both in terms of medical treatment and in frequency of patient utilization. These services require a larger population base than a neighborhood or local area because they are less often used by the general population and usually require a large capital investment. Persons who need this county- or island-wide service usually have a serious or complex health problem that requires a visit to a specialist and/or health facility. The service at this level is provided in: general hospitals, long-term care facilities, chronic hemodialysis services, outpatient surgical centers, etc.

Tertiary care is highly specialized and used by a small percentage of any population. Because of the complexity, cost, and/or relatively low levels of utilization, these services must be planned for use by a population base covering more than a neighborhood, county or island. In Hawaii, this may refer to the entire Pacific Basin. Tertiary Care includes highly sophisticated diagnostic and therapeutic procedures such as: oncology-radiation therapy services, high-risk neonatal care, renal transplant centers, open-heart surgery, burn care, blood banking and processing, emergency trauma centers, and other complex surgical procedures

The ultimate goal of the consumer is to achieve a level of wellness, the consumer can reach this level through the physician and other parts of the health care delivery system or on his or her own through "self-help." (See Figure 2.)

The Health Care System: From WWII to today:

Since World War II, the delivery of health care has evolved through stages from the "cottage industry" of the post-war era to the present emergence of "organized delivery systems" that manage care, usually under capitated fees for a covered population. In the future, the focus for health care delivery systems increasingly will be on community-wide health care needs. (See Table 1.)

Table 1. Historical Evolution of the U.S. Health Care System

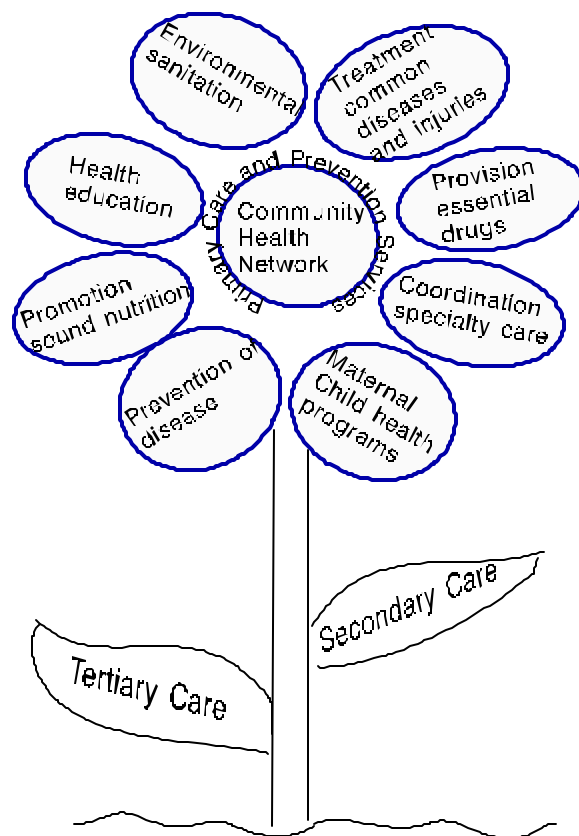
Stage	Time Period	Characteristics
I	Post World War II	• "Cottage Industry" of thousands of small physician practices and local community hospitals
		<ul style="list-style-type: none"> ◊ Hill-Burton program to fund hospital construction; and ◊ Growth of medical schools and medical education.
II	Late 1960s- Early 1970s	• Emergence of investor-owned and not-for-profit multihospital systems.
		<ul style="list-style-type: none"> ◊ Economies of scale; ◊ Stronger capital base; and ◊ Solidifying market share across wider geographic areas
III	Late 1980s- Present	• Growth of "organized delivery systems" out of multihospital systems and other groups
		<ul style="list-style-type: none"> ◊ Focus on local or regional markets; ◊ Increased linkages with insurance companies and managed care organizations; ◊ Increasing need to organize and manage entire continuum differently, from primary care to hospice, to effectively serve covered populations; ◊ Physician groups or large multi-specialty clinics becoming the organizational centers, rather than hospitals; and ◊ Bringing together medicine and business in new ways.
IV	The Future	• "Community health care management systems" evolving from current organized or integrated delivery systems.
		<ul style="list-style-type: none"> ◊ Focus on community-wide health needs; ◊ Alliances, coalitions, linkages, partnerships with public health and community and social service agencies; ◊ Brings together medicine, management, and public health as they never have been before; and ◊ Requires moving from a not well-integrated personal health care system to a community health system.

Source: Adapted from S.M. Shortell, et al, *Remaking Health Care in America* (San Francisco: Jossey-Bass Publishers, 1996) pp. xii-xiii.

The rise in organized delivery systems has been fueled by the growing concerns of purchasers (usually employers) and payers over the rapidly escalating costs of health care. As the organized systems have focused on controlling costs of care for their covered populations, they have increasingly focused on the provision of primary care within their systems. Primary care is a central focus as well in community health care management systems, which are designed to meet the population's specific health needs and which coordinate and integrate care across the continuum.

As a result of these shifts, the building blocks of primary care systems are now moving to the center of regional delivery systems, and the secondary and tertiary care centers that once were treated as the hub of the health care delivery system are shifting to the role of support services to primary care. This emerging community-oriented model of health care delivery has been portrayed with the metaphor of a flower, with the petals of primary care and preventive services supported by the stalk of secondary and tertiary care¹ (See Figure 3).

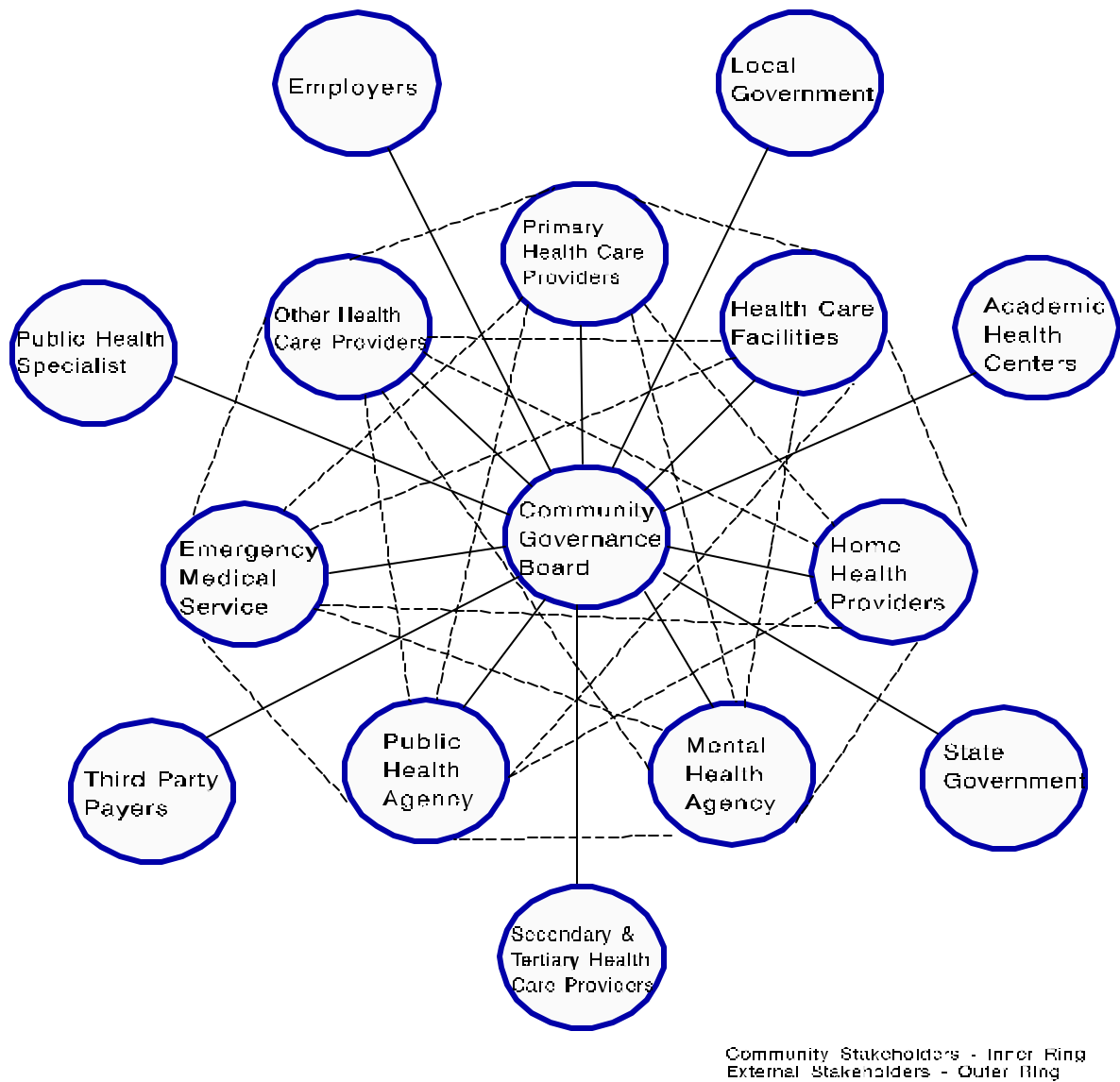
Figure 3
Community Oriented Health Systems
Optimizing the Health of the Population



SHPDA
1/28/97

Adapted from J.E. Dolner, Planning for Community Oriented Health Systems, 1996

Figure 1
The Community-Based Health Network



Adapted from J.E. Rohrer, Planning for Community-Oriented Health Systems, 1996

With the growing impact of organized delivery systems with their imperative to aggressively control costs in the face of more intense competition, there have come increasing concerns over community-wide issues of access, accountability, quality, and the cost-effective use of fixed resources. Of particular concern are the cost/quality trade-offs that individual practitioners must make under integrated managed care funded by capitation.²

There is also a developing recognition that health care is a local product; most people most of the time need primary care within their communities. Any changes to the health care delivery system must improve the quality at the local, community level. This will require greater attention to the linkages between the structure (how the elements of the system are organized), the process (how functions are carried out), and the outcomes (health improvement) if the health status of that community is to improve. A promising approach is to examine the community care networks and how the elements of the networks link or don't link as a patient moves through an episode of care.³ (See Figure 4 for a model of a community-based health network.)

Challenges in moving forward to community oriented health care systems include:

- Overcoming the fragmentation that may characterize the present delivery of health care services;
- Learning how to build community;
- Developing the competencies and capabilities required for a community health care management system; and
- Establishing local and national health policy that supports the transformation efforts.⁴

The Definition of Health

Advanced technology is available now that is capable of extending life systems. However, the issue of quality of life is important to defining health. As the killer diseases have been eradicated or controlled, the health care system deals more with the degenerative processes of the body, the rate of aging, and the onset of disability. A person's choice of lifestyle may, to a large degree, affect the aging process and the extent to which he or she uses the health care system.

In considering the implications for health and the quality of life for the population, consumers and providers of health care services must consider factors outside the usual scope of the health professions, such as housing, employment, or transportation. There has to be consideration of the process of aging, disability, and of death, and the acceptance of the challenge of effecting healthier lifestyles as well as curing illness.

Shaping the Health Care System to Meet the Future

- Health planning should articulate what the health care system should look like, identify changes needed to accomplish this vision, and use its regulatory authority to influence and encourage its realization.
- New capacity should be established in a planned and rational way.

Maryland Health Resources Planning Commission, 9/23/94

The Role of Planning

The health system components and linkages will exist with or without health planning. However, planning carries with it the potential for improving the performance of the system.

The core of the planning process is the analysis of alternative means of moving toward identified health goals in light of specified priorities and existing constraints. The selection process will yield a variety of program packages, each one directed at one or more health problems and designed to achieve specific outcomes by combining resources oriented toward particular population groups. "Goals" and "analysis" form the core of the practical planning process.

The strength of the health care system in a state is in part based on its community planning and implementation system. This reflects the recognition that health care services are a local product, and that system redesign must be locally planned and implemented.

Community planning is needed to assure orderly change and to address issues of equity and access. Comprehensive community health planning can help improve access to necessary health care and improve the development and allocation of health resources and services based on the needs of the population.

Government and the community share the responsibility for seeing that this process for responsive planning occurs. The public interest and the state's health require the involvement of consumers, advocates, payers, and health providers in a public process that will establish community needs, set priorities, plan services, allocate resources, and monitor service delivery.

NOTES

1. Adapted from J.E. Rohrer, *Planning for Community-Oriented Health Systems* (Baltimore: American Public Health Association, 1996) pp. 16-17.
2. For more discussion of this issue, see T.A. Brennan, D.M. Berwick, *New Rules: Regulation, Markets, and the Quality of American Health Care* (San Francisco: Jossey-Bass Publishers, 1996) pp. 297-335.
3. For a full description of this approach to health care delivery, see *Assessing and Improving Community Health Care Delivery* (Oakbrook Terrace, Illinois, The Joint Commission on Accreditation of Healthcare Organizations, 1994).
4. Adapted from S.M. Shortell, et al, *Remaking Health Care in America* (San Francisco: Jossey-Bass Publishers, 1996) pp. xiii-xiv.

CERTIFICATE OF NEED PROGRAM

The certificate of need process implements the Hawaii Health Performance Plan (H2P2). Its purpose is to promote access to quality health care at reasonable costs, prevent duplication of unnecessary facilities and services, and encourage the development of facilities and services where they are needed. Health providers who propose changes in their provision of care must comply with Section 323D-43, Hawaii Revised Statutes, relating to certificates of need.

As health care is a “hybrid” public utility, it is regulated by the state to ensure that providers of care are qualified, that they are financially solvent, and that there is enough “need” in their service area to provide the practice necessary to maintain good quality care.

In general, a certificate of need application is required for:

Capital expenditures over	\$4 m
Medical equipment over	\$1 m
Used medical equipment over	\$400,000
Certain service and bed changes	

By statute, certificate applications are required by statute to be reviewed using the following criteria:

1. The need that the population served or to be served has for the services proposed to be offered or expanded, and the extent to which all residents of the area, and in particular low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups, and the elderly, are likely to have access to those services;
2. In the case of reduction or elimination of a service, including the relocation of a facility or service: a. the need that the population presently served has for the service; b. the extent to which that need will be met adequately by the proposed relocation or by alternative arrangements; and c. the effect of the reduction, elimination, or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups, and the elderly, to obtain needed health care;
3. The probable impact of the proposal on the overall costs of health services to the community;
4. The probable impact of the proposal on the costs of and charges for providing health services by the applicant;
5. The immediate and long term financial feasibility of the proposal;
6. The applicant’s compliance with federal and state licensure and certification requirements;
7. The quality of the health care services proposed;
8. In the case of existing health care services or facilities, the quality of care provided by those facilities in the past;

9. The relationship of the proposal to the state health services and facilities plan and the annual implementation plan;
10. The relationship of the proposal to the existing health care system of the area;
11. The availability of less costly or more effective alternative methods of providing service;
12. The availability of resources (including health personnel, management personnel, and funds for capital and operating needs) for the provision of the services proposed to be provided and the need for alternative uses of these resources as identified by the state health services and facilities plan or the annual implementation plan;

There are three types of certificate applications:

1. *Standard certificate application:*
This type of application is for significant projects.
2. *Administrative certificate application:*
This type of application is used for projects will not have a significant impact on the health care system.
3. *Emergency certificate application:*
If an emergency situation is believed to exist, an emergency application may be filed such as those related to natural disasters.

RULES GOVERNING MEMBER CONDUCT FOR CERTIFICATE REVIEWS:

1. Ex parte contacts prohibited

This means that members must remember to have:

- * No contact with the applicant,
- * No contact with any person acting on behalf of the applicant,
- * No contact with any person lobbying in favor or in opposition of the applicant

Exception: Public meeting reviews of the application at which discussion shall be restricted to the 12 certificate review criteria.

2. Conflict of interest

No member of a subarea council, a countywide review committee, the review panel, or the statewide council shall vote on any matter respecting an applicant with which the member, the member's spouse, the member's child, or the member's parent has (or within the twelve months preceding the vote, had) any substantial ownership, directorship, officership, employment, prospective employment for which negotiations have begun, medical staff, fiduciary, contractual, creditor, debtor, or consultative relationship (Hawaii Administrative Rules).

SHCC and SAC who may need clarification or advice should contact:

- o State Ethics Commission, telephone: 587-0460
- o Neighbor islanders may call the State Ethics Commission at:
 - Hawaii County 974-4000
 - Maui County 984-2400
 - Kauai County 274-3141

3. Certificate of Need criteria:

All members' questions, comments and discussion about a certificate application shall be limited to the certificate of need criteria listed earlier in this section. By law, these are the only criteria you are to use in reviewing an application.

RESEARCH AND DATA FUNCTIONS

As part of its statutory functions, SHPDA collects health care utilization data. Reports are published that provide market data for use in health care and services development. Users of this data include professionals from the health care corporate development, law, accounting, marketing and advertising, academic, and media arenas and other interested individuals.

On an annual basis, SHPDA publishes a Utilization Report with data from acute care hospitals, long-term care facilities, specialty hospitals, and special treatment facilities reflecting admissions, bed days, selected procedures, and selected charges.

In 1996, SHPDA in conjunction with the Home Care Association of Hawaii designed and conducted a study on home health care. Follow-up reviews are conducted each year.

As resources permit, the Agency also conducts supplemental studies of health care services, such as, inpatient and outpatient utilization of Oahu hospitals by neighbor island residents, mammography surveys, and capacity surveys of home health agencies.

In 1996, SHPDA established a web page on the Internet. This web page contains the Agency's newsletter, updates on the Hawaii Health Performance Plan (H2P2), certificate of need application results, a listing of the Agency's publications, and hotlinks to other health organizations in Hawaii and the nation.

OTHER CUSTOMER SERVICES:

Visit our website at www.shpda.org to see our

Geographic information System:

Visit our website to see Hawaii's first health care geographic information system. A work in progress, our GIS is constantly being updated. Our maps depict all health services and facilities in Hawaii as well as demographic comparative data. This GIS was made possible through a grant from the HMSA Foundation.

State Health Policy Guidebook:

This was developed per the request of the Hawaii State Legislature to develop a State Health Policy Guidebook.

MEMBERSHIP LIST

Statewide Health Coordinating Council

Mr. William “Speedy” Bailey is the Manager of Marketing and Business Development for American Medical Response. He did post-graduate work in biology at the University of Hawaii and has a Bachelor’s degree in biology and psychology from Occidental College as well as numerous coursework in emergency medical care. Prior to joining AMR, Speedy served with International Life Support in the capacity of Vice President.

Mr. Stephen G. Chong is a DD/MR System Management Specialist with the Department of Health. He has a Master’s degree from the University of Washington. Prior to serving in public service, he was a Vice President with the St. Francis Healthcare System. Steve was also a planner with the Kapiolani Health System and a senior professional relations consultant with HMSA. He is a core team member of SHPDA’s Plan Development Committee.

Ms. Lili Bryan-Conant is employed by the Hawaii Medical Service Association as Manager of Medical Network Operations – Neighbor Islands. She holds Bachelor’s degrees from the University of California at Santa Barbara and the University of Hawaii at Manoa. She is an active community volunteer, serving on various organizations on Kauai. Lili also serves on the Kauai Subarea Health Planning Council.

J. David Curb, M.D. is the Medical Director and CEO of the Pacific Health Research Institute. He has a M.D. from the University of New Mexico and a Master’s degree in disease control/epidemiology from the University of Texas School of Public Health. David is also the Director of Research for the University of Hawaii School of Medicine and Department Chair/Principal Investigator for the Honolulu Heart Program.

Ms. Stacy Kanoelani Evensen is the Assistant Vice President of Community and Government Relations at HMSA. She has a Bachelor’s degree in nutritional sciences from the University of Hawaii and a Bachelor’s degree in biological sciences (pre-med) from the University of California at Irvine. Prior to joining HMSA, Stacy was a Research Associate with RCUH in Indonesia and State Coordinator of the Food and Nutrition Program at the University of Hawaii.

Ms. Patty Foley is the Corporate Director of Human Resources with Outrigger Hotels and Resorts. Her Bachelor’s degree is from the Western New England College, Massachusetts. Prior to joining Outrigger, Patty was with the Queen’s Health Care Plan, Provident Life & Accident, Island Care and Information Processing Associates. She is the President of the Hawaii Business Health Council.

Ms. Susan Forbes is the President of the Hawaii Health Information Corporation. She graduated from Stanford University with a Bachelor's degree. She went on to obtain her Master's and Doctorate degrees in public health from the University of Hawaii at Manoa. She served as Vice President of Strategic Services at the Kapiolani Health Care System. She is a member of various professional and community organizations.

Ms. Terri Fujii is a Partner with the public accounting firm of Ernst & Young LLP. Terri oversees the health sciences practice of the Honolulu office of Ernst & Young LLP. She holds Bachelor's and Master's degrees in accounting from the University of Hawaii at Manoa. Among her professional and community affiliations, she is the Past President of the Healthcare Financial Management Association and is the Treasurer of the Honolulu Zoological Society.

Mr. Wayne S. Higaki is the Director of Product and Business Development at the North Hawaii Community Hospital on the Big Island. He is a graduate of Kapiolani Community College with a degree in radiology technology. He has served as the Department Manager of Fresno Community Hospital in California and the Department Manager of Hoag Memorial Hospital. He is also a volunteer coordinator for ultra-athlete research projects on the Big Island.

Craig E. Kadooka, M.D., is in private practice in Hilo, specializing in general internal medicine. He is a graduate of the University of Hawaii-Manoa, John A. Burns School of Medicine. Craig did postgraduate study at the Kaiser-University of Hawaii Family Practice Residency Program and the University of Hawaii Internal Medicine Residency Program. He is active with Hawaii Medical Association and other professional groups.

Ms. Joanne H. Kealoha is the Social Services Coordinator for the ILWU, Local 142. She holds a Bachelor's degree from the University of Hawaii at Manoa and a Master's degree in social work from UCLA. She volunteers with the Aloha United Way, Catholic Charities Community and Immigrant Services, Oahu Workforce Investment Board, and other committees and organizations.

Ms. Marilyn M. Kunishi is the Chief of Nursing Services with the Veterans Administration in Honolulu. After graduating with a Bachelor's degree in nursing from the University of Hawaii - Manoa, Marilyn earned a Master's degree in nursing from the University of California, San Francisco. She is a member of the American Organization of Nurse Executives and of the American Business Women's Association, Imua Chapter.

Mr. Peter Lewis is Vice President – Administration at Hawaiian Electric Industries. He holds a Bachelor's degree from Williams College and a law degree from the University of Virginia Law School. Peter is active in various professional organizations. He served as President of the Institute for Human Services and President of the Neighborhood Justice Center.

Mr. Robert T. Ogawa is the President of Ogawa and Associates. He is active in Hawaii's long term care industry. He serves as President of the Hawaii Long Term Care Association. He is a board member of AssistGuide and the Hawaii State Executive for the

Assisted Living Federation of America; co-chair of the State Assisted Living Working Group; and is active with the House/Senate Special Committee on Long Term Care. Robert served as a key staffer in both Daniel Akaka's U.S. Senate Office and in the U.S. Congressman's Office.

Mr. William D. O'Connor is a Partner in Specialty Care Hospital of Hawaii, LLC. He has over 30 years of hospital administration experience. Bill served as President and CEO of Rehabilitation Hospital of the Pacific and President and CEO of Hillside Rehabilitation Hospital in Warren, Ohio. He has Bachelor's and Master's degrees from Pace University in New York. In addition, he graduated from the Financial Management Program at the Wharton School of Business and the Advanced Management Program from Harvard University.

Ms. Rose Ann Poyzer is the Vice President of the Home Care and Hospice Division of the Healthcare Association of Hawaii. She has a Master's degree in Public Health and Bachelor's degree in nursing. She held multiple leadership positions in Hawaii's home health care industry. She was Executive Director of the Hawaii Nurses Association, a health educator, and school health nurse in the Middle East. She volunteers with several nonprofit organizations.

Mr. Patrick S. Saka is Publisher and General Manager of The Maui News. He is a graduate of Baldwin High School and holds a Bachelor's degree in business administration from the University of Hawaii at Manoa. He previously worked at Coopers & Lybrand, CPAs. He is active in his community and serves in leadership positions with the Kiwanis Club of Maui, Maui County Council, and Boy Scouts of America.

Ms. Sarajeane A. Tokunaga is the State AARP Coordinator, Grief and Loss Program. She is as a key member of many successful community health initiatives affecting Maui County. Sarajeane serves on Hui No Ke Ola Pono, the Friends of Maui Memorial Hospital, the Japanese Cultural Society of Maui, Hale Makua, among others. She also serves on the Tri-Isle Subarea Health Planning Council.

Ms. Sabrina R. Toma is Senior Counsel, Education Legal Division, Legal Group of Kamehameha Schools. She is a graduate of the Georgetown University Law Center and Cornell University. Sabrina has worked as legal counsel with the U.S. Department of Labor (Washington, D.C.), the National Educational Association (Washington, D.C.), the U.S. Environmental Agency (Washington, D.C.) and the Hawaii State Attorney General's office.

Mr. Mark H. Yamakawa is President and CEO of Queen's Development Corporation. He holds a Bachelor's degree in industrial engineering and operations research from the University of California at Berkeley and a Master's of business administration from the University of Hawaii at Manoa. He serves as a board member of the Kalihi Palama Health Center and Hospice Hawaii.

Hawaii County Subarea Health Planning Council

Ms. Jamie Cameros is an Analyst with Kaiser Permanente on the Big Island. She is a graduate of the University of Hawaii-Manoa and Leilehua High School in Wahiawa. She was employed with Hawaiian Telephone and taught summer school for the Department of Education. Jamie was a key member of SHPDA's team that significantly streamlined Agency operations in 1997. She was also a chapter facilitator of the Agency's Hawaii Health Performance Plan.

Ms. Roberta Cartwright is Accounts Executive with Hawaii Medical Services Association. She attended the University of Hawaii – Hilo. She is a board member of the Japanese Chamber of Commerce, Big Island Safety Association, Hale O Na Alii, and Hale O Kalakaua. She served as past member of the Hawaii County Salary Commission, board member of Hospice of Hilo, Hawaii Island Adult Care, and American Cancer Society.

Ms. Leslie Chow is a Deputy Prosecuting Attorney with the Hawaii County Prosecutor's Office, working on implementing juvenile justice grants. She is a graduate of Claremont McKenna College and the University of Hawaii William S. Richardson School of Law. She served as Legal Services Developer with the Executive Office on Aging. She is a member of the Hawaii State Bar Association and its Elder Law Section.

Mr. Wayne S. Higaki is Director of Product and Business Development at North Hawaii Community Hospital. He is a graduate of Kapiolani Community College with an Associate's degree in radiology technology. He has over 15 years of health-related experience in hospital settings including serving as Department Manager of Fresno Community Hospital and Department Manager of Hoag Memorial Hospital.

Ms. Susan Hunt is the Executive Director of the Hamakua Health Center. She has a Master's degree in health administration from the St. Louis University and a Graduate Certificate in Gerontology. She is founder and director of the North Hawaii Women and Children's Services. Susan has had management experience in Women's Health, Pediatrics, and Gerontology at Kapiolani Medical Center for Women and Children and at Intermountain Health Care in Salt Lake City, Utah.

Mr. Lester M. Inouye is a Fire Captain with the Hawaii County Fire Department. He is certified as an Emergency Medical Technician and Mobile Intensive Care Technician. He holds Bachelor's degrees from the University of Hawaii at Hilo and Manoa in agriculture and zoology, respectively. He also holds an Associate's degree in welding from Honolulu Community College. He volunteers at Mountain View School and Keaau High School.

Mr. Kerry A. K. Inouye is a retired fire fighter, he served in the U.S. Coast Guard Reserve for 20 years, and is certified to administer several forms of emergency care. He is a graduate of Hilo High School and attended San Francisco City College and the University of Hawaii at Hilo. Among his community service activities, Kerry is active with the University of Hawaii at Hilo Athletic Association.

Ms. Karen Moriuchi is Director, Clinical Support Services, at Hilo Medical Center. She has a Bachelor's degree in occupational therapy from Colorado State University, and has twice been honored as OTR of the year by the Occupational Therapy Association of Hawaii. A member of the American Occupational Therapy Association since 1973, Karen is also active in community service.

Mr. Clifford K. Motta is a Child Welfare Services Social Worker with the Department of Human Services Child Protective Services. He has a Bachelor's degree in psychology from the University of Hawaii - Hilo. He is actively involved in community service, holding the Office of Sergeant at Arms in the Keaukaha Community Association, Vice President in the Kailuna Canoe Club, and local Precinct President in the Democratic Party.

Ms. Irene Nagao is a self employed fashion coordinator for Weekenders. She is also Coordinator of Business Education Partnership. Active in her community, Irene is a board member of Junior Achievement, board member and Youth Council Chair of the Workforce Investment Board, Second Vice President of the Zonta Women's Club and Education Chair for the Japanese Chamber of Commerce and Industry of Hawaii.

Ms. Ida H. Otake is Chief Nurse Executive for Kohala Hospital. Previously, she served as Chief of the Adult Mental Health Center for Hawaii County. A Registered Nurse with a diploma from Queen's Hospital, she served formerly as an Adult Mental Health Supervisor in Kona for two years, and as Clinic Coordinator in Windward Oahu for 13 years. Ida has worked with youth organizations in the community.

Mr. Paul Paiva is Battalion Chief with the Hawaii County Fire Department and is in the U.S. Coast Guard Reserve. In 1993, he was awarded Firefighter of the Year. He is certified as a Paramedic by the National Registry of Emergency Medical Technicians and as Mobile Intensive Care Technician by the State of Hawaii. He serves as an Assistant Instructor at the Hilo Hongwanji Judo club and as a First Aid Instructor for the Boy Scouts.

Mr. Alan R. Parker is the County Executive on Aging, the Hawaii County Office on Aging. He has a Bachelor's degree in sociology from the University of Hawaii at Hilo and has done course work in business administration at the University of Hawaii at Hilo and Manoa and St. Martin's College in Olympia, Washington. He has worked in the aging arena for over 25 years. He is active in community and service organizations.

Mr. Steven Pavao is the Director of the Boys and Girls Club of Hawaii - Hilo. He has a Master's degree from Southeastern University and a Bachelor's degree in psychology/ education from the University of Hawaii. Steve also worked with the State Department of Human Services. He is active in his community and with his children's activities, including serving as President of the Hilo Intermediate School Band Boosters.

Mr. Karlson Pung is Paramedic and Operations Manager for American Medical Response. He attended the University of Hawaii, Colorado Audio Institute, and

Kapiolani Community College. Karlson is also a self-employed musician.

Ms. Juliette M. Tulang is Foundation Associate for Hawaii Island, Hawaii Community Foundation. She is a graduate of Honokaa High School and received her Bachelor's and Master's degrees from Linfield College in Oregon. She had a career with the Hawaii County Department of Parks and Recreation and retired as the Department's Director in 2000. Julie is active in various professional and community organizations and has received numerous awards for her work.

Tri-Isle Subarea Health Planning Council

Ms. Agnes M. Groff is the Community Relations Liaison at Maui Economic Opportunity (MEO). She previously served as MEO's Transportation Manager for 16 years and as Transportation Director for two years. She is a graduate of Maui High School and Maui Community College. She has over 25 years of community services, she volunteers with the Hawaii Federation of Democrat Women, Maui Chapter, and serves as Chair of the Mayor's Commission on Persons with Disabilities.

Mr. Glenn Izawa is a Social Worker with the Hawaii Department of Health-Adult Mental Health Division on Molokai. He has a Master's degree in social work from the University of Hawaii-Manoa. Glenn is a member of the National Association of Social Workers; board member of the Molokai Health Foundation; Board Chairperson of the Molokai Community Services Council; and of the Selective Service Board.

Joseph K. Kamaka, III, M.D. is a graduate of Kamehameha Schools and the University of Hawaii, School of Medicine. He practices internal medicine. His community service includes medical director of Hospice Maui, past president for Hui No Ke Ola Pono, and previous board member with the American Lung Association and American Diabetes Association.

Ms. Judy McCorkle is a Certified Financial Planner and a Certified Trust and Financial Advisor. She has been actively involved in estate and financial planning, probate, trust administration and investment management for over 20 years. She previously worked at the George Kinder Financial Services and First Hawaiian Bank. Judy serves on the Montessori School Board and Ebb and Flow (an arts board). She served on boards of numerous non-profit agencies over the past 20 years.

Mr. John Ornellas is the Property Manager for the Lanai Company, Inc. He is a graduate of San Diego State University and National University with a degree in business administration. John is active in his community. He is the past president of the Lanai Lions Club and is active with the SCBM for the Lanai public schools. He is certified in purchasing management and lead base paint inspection.

Ms. Patricia Raffetto is the Quality Management Coordinator for Kaiser Permanente. She has a Master's degree in nursing from UCLA, a Bachelor's degree in nursing from

University of Hawaii and a Diploma in Nursing from the London Hospital, England. She was the past president of the Kula Elementary School PTA, Keiki O’Kula Preschool Board and the Maui Special Learning Center, and past member of the Maui AIDS Foundation.

Mr. William Staton is the Veterans Representative with the State Office of Veterans’ Services. He has a Bachelor’s degree in counseling and elementary education from the University of Massachusetts at Amherst. His community service includes activities and leadership roles with the Kahului Baptist Church, Keiki’s Dream/Fun Day Foundation, Family Peace Center, Mediation Services of Maui, and Community Clinic of Maui.

Ms. Kathleen Street is a Public Health Nurse with the Department of Health for the Hana District. She has a Bachelor’s degree in nursing from the University of Hawaii-Manoa. She was formerly a nurse with the Community Hospitals System. Kathleen is active with the Hana Canoe Club, the Hana Community Association, and the Hana Community Children’s Council.

Ms. Sarajeon A. Tokunaga is the State AARP Coordinator and has been a key member of successful community health initiatives affecting Maui County. A graduate of the University of Hawaii, Sarajeon has been active in numerous community groups, including the Kamehameha Schools, the Wailuku Tennis Club, the Friends of Maui Memorial Hospital, the Maui Arts and Culture Center, and Hale Makua. She also serves on the Statewide Health Coordinating Council.

Honolulu Subarea Health Planning Council

Mr. Andrew W. Char is Partner with the law firm of McCorriston Miller Mukai MacKinnon LLP. He is a graduate of Iolani School, Wesleyan University, Harvard University and the University of California at Berkeley. In addition, he attended Hangzhou University in the People’s Republic of China on a Fulbright Hays Fellowship. He is actively involved in community organizations.

Ms. Kathleen Delahanty is the Director of Client Services at the Hawaii Disability Rights Center. She holds a Bachelor’s degree from Emmanuel College and attended Harvard University for a Master’s degree in economics. She serves on various community and professional organizations. Kathleen is the co-facilitator of the Behavioral Health Chapter of the Hawaii Health Performance Plan (H2P2).

Ms. Joyce Ingram-Chinn has served in several distinguished positions helping Hawaii’s behavioral health community. She is the co-facilitator on the Behavioral Health Chapter of the Hawaii Health Performance Plan. Joyce graduated from the University of Hawaii with a Master’s degree in education.

Ms. Jennifer Diesman is the Manager of Government Relations for HMSA. She has a Master’s degree in public administration from the University of Wisconsin-Madison and also attended Oxford University. She was the communications director with Rosehill and Associates,

a senior program manager with Hawaii's Alternative Fuels Task Force, and served in the Executive Office of the State of Wisconsin. She is a volunteer guardian ad litem – child advocate, a volunteer with Parents and Children Together and the Good Neighbor Store, 2001.

Ms. Mary Dixon is a retired social worker. She has a Bachelor's degree in psychology and a Master's degree in Social Work. She was previously employed by the State Executive Office on Aging. Mary has spent a significant portion of her professional career working with older adults and actively participates in various community and professional organizations.

Ms. Pamela Hinsdale is a Certified Public Accountant and Financial Director with the Kaiser Health Plan. She was a graduate of Punahou High School and holds a Bachelor's degree from the University of Southern California. Prior to joining Kaiser Health Plan she worked for Touche, Ross and Company, which is now known as Deloitte and Touche.

Ms. Deborah K. Morikawa is Vice President – Program at Lanakila. She is a graduate of Washington University in St. Louis with a Bachelor's degree in occupational therapy. Deborah has worked as the Executive Director of the Institute for Human Services, Inc. She has previously been recognized for her excellence in non-profit management and is the Vice President of the Iwilei Business Community Association.

Mr. Mark Taylor is with First Hawaiian Bank in planning and development. He has a Master's degree from Harvard University's John F. Kennedy School of Government and is a graduate of Princeton University. Mark has served with the Executive Office of the President as a Policy and Budget Analyst in the Office of Management and Budget (Washington, D.C.) He is active with various community organizations.

Mr. James P. Walsh is Vice President of Provider Services with the Hawaii Medical Services Association. A graduate of the University of Notre Dame with an MBA from the University of Hawaii, Jim served as Human Resources Director and as Administrator of Clinic Operations for Straub Clinic and Hospital prior to his present position with HMSA. He is active in the Chamber of Commerce, Rotary Club, and several community organizations.

Ms. Daryl-Jean Wong is a Program Director with the Central Union Adult Day Care. She has an Associate of Science degree in occupational therapy. She has a career in direct patient care. She was a psychiatric occupational therapist with Queen's Medical Center, served in the School Health Services Branch at the Department of Health and was an occupational therapist at the Rehabilitation Hospital of the Pacific.

West Oahu Subarea Health Planning Council

Ms. Martha O. Aquino is the Leeward Area Manager with Kaiser Permanente. She holds a Bachelor's degree in nursing from the University of Washington. She has served as staff nurse for years at Illinois Masonic Hospital and St. Joseph Hospital in Chicago, Illinois, and at Kaiser Permanente in Honolulu, Hawaii. She has over 25 years of service with Kaiser Permanente.

Ms. Joanne Kealoha is the Social Services Coordinator for the ILWU, Local 142. She holds a Bachelor's degree from the University of Hawaii at Manoa and a Master's degree in social work from UCLA. She volunteers with the Aloha United Way, Catholic Charities Community and Immigrant Services, Oahu Workforce Investment Board, and other committees and organizations.

Mr. C. Mike Kido is the Government Affairs Manager for the Estate of James Campbell. Mike holds a Bachelor's degree in business administration-marketing research from Pacific Lutheran University and has done graduate studies in the University of Hawaii School of Business Administration Management Program. He is active in a number of community organizations including the Chamber of Commerce.

Mr. Richard F. Kolbe is Director of Claims Administration at Hawaii Medical Service Association. Richard graduated from the California State University at Los Angeles with a Bachelor's degree in American Studies. He served in the United States Army and was honorably discharged in 1967. He previously served on the State Health Planning and Development Agency's Central Oahu Subarea Health Planning Council.

Mr. Creighton Liu is a Senior Strategic Planning Analyst with Kaiser Foundation Health Plan. He holds a Bachelor's degree in business administration from the University of Hawaii. He worked previously as a Senior Planning Consultant with the Bank of Hawaii and held planning positions with Kapiolani Health, HMSA, and Servco Pacific, Inc. Creighton was a key participant in the first redesign steps of the State's Health Services and Facilities Plan.

Ms. Joyce O'Brien is the Associate Director of the Waianae Coast Comprehensive Health Center. She has a Master's degree in public health from the University of Hawaii. She has also served as WCCH's Health Education Director and HIV Project Coordinator. Active in her community, she is a past board officer/current member of the Waianae Coast Coalition and has served as a past board member of Ke Ola Mamo and the Waianae Coast Day Care Center.

Ms. Laurie A.B. Oishi is the Director, Customer Field Services Division—Customer Service Department, of Hawaiian Electric Company, Inc. She holds a Bachelor's degree in medical radiology (summa cum laude) from Northern Arizona University. Her previous work experience included positions with Chevron USA—Hawaiian Refinery and with the radiology departments of Kapiolani Medical Center for Women and Children and St. Francis Hospital.

Ms. Mary Ann Pyun is the Program Manager for the Medicaid Waiver Services with the Department of Human Services. She is a graduate of the University of Hawaii with Master's and Doctorate of public health degrees. She also has a Bachelor's degree in human development and a diploma from the Queen's School of Nursing. Mary Ann actively participates in community service.

Mr. Lance Segawa is the Assistant Hospital Administrator at St. Francis Medical Center – West. He is a graduate of the University of Hawaii with a Master's degree in public health. He also holds a Bachelor's degree in social welfare from California State University. He is active in community and professional organizations.

Mr. Brad Gerald White currently serves as Vice President of Operations and Marketing – Hawaii, American Medical Response. His college coursework and work experience have been in emergency response services in Hawaii and California. Brad has additional experience in teaching emergency medical services and volunteering at a skilled nursing facility.

Windward Oahu Subarea Health Planning Council

Ms. Agnes Cadiz is a Public Health Nurse with the Hawaii State Department of Health. She is a graduate of the St. Francis Convent School in Honolulu and Seattle University School of Nursing in Seattle, Washington. Her professional affiliations include the Hawaii Nurses Association, American Nurses Association and the Hawaii Public Health Association. She is Co-Vice Chair of the Windward Oahu Subarea Health Planning Council.

Mr. Leslie S. Chinen is Director of Corporate Development at the Queen's Health Systems. He previously worked as the Disbursements Unit Supervisor at Hawaii Medical Service Association. Les has a Bachelor's degree in business administration from the University of Hawaii-Manoa. His professional affiliations include the Healthcare Financial Management Association and the Hawaii Society of Corporate Planners.

Ms. Ann Ditzler is an Analyst with HMSA. She is a registered dietitian and has a Master's degree from Case Western University and a Bachelor's degree from Michigan State University. Ann is a MBA candidate at Chaminade University. Prior to her position with HMSA, she served with Kapiolani Women's and Children's Hospital, the Queen's Medical Center and the Flint Osteopathic Hospital in Michigan.

Mr. Greig E. Gaspar is Marketing Specialist with the Waimanalo Health Center. He has a Bachelor's degree from the University of Hawaii. He worked with the Office of Youth Services, Hale Kipa Youth Services, Hina Mauka, the Native Hawaiian Education Council, and the Community Quest Program at Kailua High. He is a recipient of HMSA's Ola Pono, Queen Liliuokalani Children's Center Community Volunteer, and the KGMB Spirit Awards.

Mr. Christopher J. Lutz is the Health Care Administrator for the Windward Area Clinics of Kaiser Permanente. He has a MBA degree from Chaminade University and a

Bachelor's in industrial engineering from UC-Berkeley. He served as project manager and senior management engineer in the Hawaii Region and management engineer with Kaiser Permanente in Oakland, California. He is a regular participant in Tantalus Work Days to improve the Ala Wai watershed and the Tantalus environment.

Mr. Gregg Oishi is Vice-President, Fiscal Services and Chief Financial Officer of Kuakini Health System. He has a Bachelor's degree from the University of Hawaii. He has been a noted member of Hawaii's healthcare industry, serving as the past President of the Healthcare Financial Managers Association-Hawaii Chapter and the past Chairperson of the Healthcare Association of Hawaii's Acute Care Reimbursement Committee. Gregg serves as Co-Vice Chair of the Windward Oahu Subarea Health Planning Council.

Ms. Annette Ostrem is Vice Principal of Kapuna Hala Elementary School in Kaneohe. She previously served at the Health Learning Center at Kahuku High School and as Program Director for School Health Program. She has a Bachelor's degree from Hawaii Loa College and has an Education Certificate from Brigham Young University. Annette is a member of the Hawaii State Teachers Association and Association of University Women. She is Chair of the Windward Oahu Subarea Health Planning Council.

Ms. Barbara J. Penniall is the Director of Emergency, Critical Care, and Outpatient Services at Castle Medical Center in Kailua. She is a registered nurse and holds a Master's degree in health care administration. She is an active community volunteer and serves on various professional and community organizations.

Mr. Kevin Sypniewski is the President of AssistGuide, Inc. He has a Bachelor's degree in business administration from Southern Methodist University. Formerly, he served with UNUM as their manager for group benefits and individual disability and long-term care. He is a founding member/board member of the Hawaii Industry Venture, a co-founder of Senior Connections and a board member of Winners at Work. Kevin has been active in long-term care.

Mr. Roy Yamauchi is a Pharmacist with the Hawaii Medical Service Association (HMSA). He was educated at the University of Hawaii in pre-pharmacy and earned a Bachelor's degree in pharmacy at the University of Missouri at Kansas City. His professional affiliations include the Hawaii Pharmacist Association (past President), American Pharmaceutical Associates, and the American Society of Health-System Pharmacists.

Kauai County Subarea Health Planning Council

Ms. Lili Bryan-Conant is employed by the Hawaii Medical Service Association as Manager of Medical Network Operations – Neighbor Islands. She holds Bachelor's degrees from the University of California at Santa Barbara and the University of Hawaii at Manoa. She volunteers with the Home Care Advisory Committee, American Heart Association, Kapaa Middle School, PTSA, Kauai Dental Health Task Force, and Kauai Rural Health Association.

Ms. Maxine M. Correa is a retired Kauai County Council member. She served as Chair of the Council from 1988 to 1990. Born and raised on Kauai, Maxine belongs to various professional organizations. In addition, she is a regent with the Catholic Daughters of the America. Maxine is a lifetime volunteer with the church and school.

Mr. Corey N. Dobashi is in administration with The ARC of Kauai. He is also owner of Aardore Care-Lawn Services. He has a Bachelor of Arts degree in communications from Lewis and Clark College. He was born on Kauai. He participates in community activities; volunteers with the Boy Scouts; and is Secretary for the Special Olympics Hawaii-Kauai.

Ms. Emmaline K. Ihu is a registered nurse. She is a graduate of the St. Francis Hospital School of Nursing. She is a board member of ARC Kauai, a board member of University Affiliated Program, board co-chairperson of the Autism Project at the UH-Manoa and a food booth coordinator of St. Theresa's School Carnival.

Mr. Alan R. Kimura is employed by the Princeville Corporation. He attended Kauai Community College. Currently, Alan belongs to various professional organizations. He is active with community coaching soccer and basketball. In addition, he is a member of the North Shore Community Planning Association for Princeville.

Mr. Zachary Octavio is a Paramedic and Operations Manager for American Medical Response on Kauai. He is a graduate of Kapiolani Community College where he received an Associate Degree. Zachary is active in the community. He provides paramedic medical support to the Kauai Pop Warner Association and is a car seat technician for the Kauai Keiki Injury Prevention Coalition.

Ms. Aida Pascual is a Home Reach Specialist with the Child & Family Service. She has a Bachelor of Science degree in elementary education. Aida received the Marian Medal from Catholic Religious Education. She has served in many officer capacities in the community organizations: Kauai Council of Filipino Catholic Club, Immaculate Conception Filipino Catholic Club, Diocesan Office of Filipino Ministry, and Filipino Women's Club.

Mr. David Peters is the Executive Director of Hoola Lahui Hawaii. He has a Bachelor's degree in psychology from Southwest Missouri State University. David serves on the board of the Hawaii State Primary Care Association and the Native Hawaiian Institutional Review Board. He is actively involved in community initiatives including the Kauai Dental Health Task Force, the Hawaiian Agencies Organization and the Imi Hale Project.

Mr. Trinidad Raval is a Research Technician with the University of Hawaii College of Tropical Agriculture and Human Resources. He is a graduate of the University of the Philippines with a Bachelor's degree in agriculture and attended the Northwestern College of Law. Currently, Trinidad is active in his community and serves on various organizations including the Kauai Filipino Community Council.

Mr. Roy Sasaki is a retired Methodist pastor. He served for many years in California

and in Hawaii. He was trained at the Garrett Evangelical Theological Seminary. Roy served as president of the Chicago-Midwest Region of the Inter-seminary movement. He is active with the Kauai Island Ministries, Inc., Pacific Island Missions, and is founder of the Kauai prison ministry and support group. Roy was also a reservist with the SeaBees (CB) unit at Pearl Harbor.

Ms. Elizabeth Ubay is the Human Resources Manager for the Princeville Corporation. Ms. Ubay holds a Bachelor's degree in business administration from Chapman University in Orange County, California. She also served in the United States Army Reserve from 1985 – 1995. In 1999, Elizabeth was awarded the Manager of the Year Award from Princeville Corporation. She is active on various community organizations.

Mr. Kenneth Villabrille is employed by the County of Kauai as the Central Payroll Accountant in their Finance Department. He is a graduate of the University of Hawaii at Manoa. He has a rich background in finance and accounting, along with public sector budget analysis experience. Kenneth is active in various community projects on Kauai and is a veteran of the U.S. Army.

Mr. Stanley Yates was a Kauai Program Specialist with the Disability and Communication Access Board until recently. He has Bachelor's degrees in microbiology and chemistry, and a Master's degree in biochemistry from the University of Washington. Stanley serves as board president of the Hemophilia Foundation of Hawaii and a board member of the Hawaii Centers for Independent Living.